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ABSTRACT

The harmful effects of sexual abuse on children are no longer debatable, yet adequate legal action and protective services often are not provided for child and adolescent victims. With the rate of confirmed child sexual abuse victims escalating to more than 350,000 cases per year, the role of schools in meeting the specific needs of these children must be considered. Recent studies of the characteristics of sexual abuse treatment programs and interventions have yielded suggestions for the use of school-based programs. Several authors have specified the need for interventions by trained school counselors or school psychologists with the child and adolescent victims of sexual abuse. Treatment approaches have included group, family, and individual therapy. An overview of more specific methodology gleans a number of useful techniques, including anger management, role playing, imagery homework, and bibliotherapy. Letter-writing, creative writing, and poetry therapy have also been described. The literature yields very little evidence of school-based sexual abuse treatment programs or interventions currently and consistently used in any school system. Applications of interventions within the school should be examined more closely. Opportunities for the development of school-based model programs abound. (ABL)

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School-based Interventions with Child and Adolescent Victims of Sexual Abuse

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Abstract

The harmful psychological effects of sexual abuse on children are no longer debatable, yet adequate legal action and protective services often are not provided for child and adolescent victims. With the rate of confirmed child sexual abuse victims escalating to more than 350,000 cases per year, the role of schools in meeting the specific needs of these children must be considered. Recent studies of the characteristics of sexual abuse treatment programs and interventions have yielded suggestions for the use of school-based programs. Several authors have specified the need for interventions by trained school counselors or school psychologists with the child and adolescent victims of sexual abuse. Current approaches in sexual abuse treatment programs, therapeutic interventions with the child and adolescent victims, and implications for school-based treatment modalities are summarized in this paper.

School-based Interventions with

Child and Adolescent Victims of Sexual Abuse

The harmful psychological effects of sexual abuse on children are no longer debatable. Research studies have shown repeatedly that a cluster of psychological sequelae are characteristic of sexual abuse victims. Among the more common emotions are guilt, fear, depression, hostility, and repressed anger (Tharinger & Vevier, 1987), anxiety, and confusion (Holtgraves, 1986). Other "impact" issues (i.e., emotional complications) are low self-esteem and social skills, inability to trust, blurred role boundaries and role confusion, the "damaged goods" syndrome, the struggle for self-mastery and control, and the need to keep "the secret" (Sgroi, 1982; Rencken, 1989).

Behavioral correlates of sexual abuse may include acting out, withdrawal, running away, substance use or abuse, and poor academic performance (Rencken, 1989). Rencken also found peer problems, difficulty relating to men, avoidance of home, pseudomaturity, developmental lag, and inappropriate sexual language and behavior. In addition, self-destructive behavior is a frequent symptom (Sgroi, 1982; Batchelor, Dean, Gridley, & Batchelor, 1990). Bruckner and Johnson (1987) found

that male victims often view themselves as oddities, lack same-gender identification, and "have an unfilled desire for comradery and support" (p. 82).

Despite the wide range of psychological and behavioral outcomes, protective services and legal action too often are not provided for sexually abused children. Lack of child service personnel, case overloads, and lack of adequate referral sources are frequently-offered explanations. Because of the protection of parents' rights, perpetrators often are allowed to stay in the home with the child (Germain, Brassard, & Hart, 1985).

The incidence of confirmed sexual abuse exceeds 350,000 cases each year. Hollander (1989) estimates that "more than 10% of the children in the United States are sexually abused by the time they are 18, with most abuse beginning before age 12" (p. 183). Random sample surveys by Finklehor (1979) indicated that 8% to 19% of females and 5% to 9% of males were molested during childhood and adolescence. Germain et al. (1985) reported even higher estimates, stating that 20% to 35% of women and about as many men have had childhood sexual encounters with adults, most of whom are males.

"Even if no more than 10% of all girls and 2% of all boys were destined to be sexually abused, it would lead to the prediction that roughly 210,000 new cases of sexual abuse were occurring every year" (Finklehor, 1979, p. 2). Tharinger and Vevier (1987) extrapolated from Finklehor to suggest that as many as 5% to 6% of the children in classrooms "have been, are, or will be victims of sexual abuse" (p. 15).

Based on the above statistics, an educator standing before a classroom of 30 students can expect more than one of these students to be a victim. Furthermore, 50 to 60 of every 1000 students could be sexual abuse victims before they graduate. The role of the school in meeting the needs of these children must be considered.

Because intrafamilial abuse is characterized by social isolation, the school is often the only setting where the abused child interacts with other adults; it may offer the only opportunity for the sexual abuse to be detected and reported (Tharinger & Vevier, 1987). Because it is the major institution concerned with children's development and welfare (Tharinger & Vevier; Volpe, Breton, & Mitton, 1980), the school is important in prevention, identification, reporting, and intervention with sexual abuse (Brassard, Tyler & Kehle,

1983a; Garbarino & Gilliam, 1980).

Bruckner and Johnson (1987) recommended "mandatory reporting, sensitive intervention, and follow-up counseling . . . for all cases of sexual abuse" (p. 87). In most cases, teachers and other school professionals are mandated reporters. Involved and accessible adults in the schools also can provide sensitive intervention and follow-up counseling.

To minimize the psychological damage of abuse, the abused child needs at least one positive and stable relationship with a significant other, help in developing positive self-esteem, and information on appropriate caregiver behavior (Germain et al., 1985). These needs can be met effectively by school professionals, especially by school counselors with their specialized training in child development (Post-Krammer, 1988).

Rencken (1989) credits counselors with expertise in such areas as individual, group, and family counseling; dealing with criminal justice and child protection agencies; and dealing with substance abuse issues. Undoubtedly, some counselors may feel uncomfortable in such roles with sexual abuse victims, but the American School Counselor Association (ASCA) issued a position

statement in April, 1988 recognizing the role of the counselor in child abuse cases.

According to that statement, counselors are immune from liability when reporting in good faith but not when they fail to report. They have no responsibility to prove the abuse, but are obligated to try to protect the child's confidentiality with persons who have no need to know. And, they should develop their position as a liaison between the school, child, and appropriate agencies. Specifically, the counselor's role is to (a) organize team efforts, (b) support teachers and other team members, (c) facilitate child-social worker contact, (d) explain the role of protective services and discuss the child's fear of being removed immediately from the home, (e) provide on-going counseling services to the child and/or consult with the family after the crisis is over or make a referral to an appropriate community agency, (f) model acceptance of the victim and parents, (g) help administrators and teachers grasp the dynamics of abuse and abusive parents, (h) provide broad-based programs to help prevent child abuse, and (i) provide support and training for parents in the use of alternative discipline, anger and frustration management and parenting skills.

The first step in sexual abuse cases is recognizing behavioral and emotional indicators of the abuse. School personnel need to be alert to the initial effects of abuse, keeping in mind that the emotional and behavioral symptoms are potential indicators and not conclusive evidence of abuse (Tharinger & Vevier, 1987).

Lists of behaviors believed to be associated with sexual abuse have been included in the works of most researchers in the field. Those commonly observed are distractibility, inability to concentrate, poor academic progress, loss of interest in school, a sudden drop in grades, a glazed look (Batchelor et al., 1990; Norby, Thurlow, Christenson, & Ysseldyke, 1990; Rencken, 1989; Sirles, Walsma, Lytle-Barnaby, & Lander, 1988), or stammered responses to questions about parents (Rencken).

Other symptoms such as withdrawal from peers, age-inappropriate sexual behavior or knowledge, and aggressiveness (Batchelor et al., 1990; Norby et al., 1990; Rencken, 1989; Sirles et al., 1988) are manifested in the hallways, in the cafeteria, on the playground, and during extracurricular activities. Some come to the attention of school counselors or teachers through parent conferences or student self-report. These

symptoms include psychosomatic complaints, sleep and appetite disturbances (Sirles et al.), delinquency, drug/alcohol abuse (Batchelor et al.), self-mutilation, enuresis or encopresis (Norby et al.), and sudden interest in boyfriends several years older (Rencken).

Another behavioral manifestation may be the post-traumatic play, a compulsive reenacting of the traumatic experience (Terr, 1981). Terr explained that "the psychically traumatized child automatically attempts to employ ordinary play, the mechanism that had always worked before, in order to cope with the traumatic anxiety that has overwhelmed him/her" (p. 755).

Counselors familiar with these symptoms can identify suspected sexual abuse cases and make reports as needed. Rencken (1989) wrote, "There is reason to believe that the report alone may be one of the most important factors in the prevention of new abuse" (p. 43). In his view, the report validates the child's self-worth and right to protection, but this can be a crucial point in the counselor/student relationship. The counselor should prepare the child and follow up with appropriate support. Assessing suicide risk at this stage and throughout intervention is critical (Rencken).

Hollander (1989) stated that children often feel responsible for the abuse and afraid they will be punished if they tell of the abuse. In the view of Germain et al. (1985), the abused child "especially needs to feel protected from maltreatment in school. It is therefore important for some professional in the school to take responsibility for being this child's significant other" (p. 296). That professional will often be the school counselor.

Because children fear being disbelieved when they report abuse, the counselor's belief of the report is critical (Tharinger & Vevier, 1987) unless there is no possibility of veracity (Rencken, 1989). Counselors should show consistent interest, keep appointments and promises, but set limits for the child (Edwards & Zander, 1985; Holtgraves, 1986). Germain et al. (1985) pointed out that a relationship of this type could provide a positive contrast to the abusive relationship the child has known. Such a relationship is possible for the child to experience with teachers and other school professionals as well as with school counselors (Tharinger & Vevier, 1987; Vevier & Tharinger, 1986). School personnel must work cooperatively with community agencies (Wilson & Gettinger, 1989), recognizing the

importance of home, school, and community as subsystems in a child's development (Norby et al., 1990).

Treatment Approaches

In recent years, services to meet the needs of the large number of sexual abuse victims have emerged. Keller and others (1989) surveyed 553 sexual abuse treatment programs and found that most programs were affiliated with public or private agencies, treatment was provided primarily for victims, and interventions centered around group, family, and individual therapy. Only 1.1% were noted as school programs, and no details of those programs were reported.

A comparative study of psychodynamic and reinforcement treatments with sexually abused children, however, yielded suggestions with applicability for school professionals (Downing, Jenkins & Fisher, 1988). The psychodynamic therapists recommended limiting pressures, understanding the impact of abuse, and making allowances for acting-out behavior during treatment. Reinforcement therapists recommended overlooking inappropriate behavior as long as it is not disruptive, and dealing fairly with behavior that is disruptive.

Regarding the chronology of treatment, Rencken (1989) suggested that intervention strategies should

begin with peer support and therapy groups followed by apology sessions, clarification of responsibilities and roles, empowerment, and finally termination. Issues are likely to include anger, sexuality, trust, and victim as offender (Bruckner & Johnson, 1987).

Techniques

An overview of more specific treatment methodology gleans a number of useful techniques. Anger management, role playing, imagery homework, and bibliotherapy have been used (Bruckner & Johnson, 1987). Bruckner and Johnson also used structured catharsis-producing exercises such as the use of rocks in sculpting the family. The arrangement illustrated the basic family structure and the individual roles of family members. Family sculpting for sexual abuse victims was described by Sirles et al. (1988) as a group therapy technique using peers to sculpt families.

A task-oriented approach for therapy with teenagers has been suggested (Sirles et al., 1988). Sirles et al. described a group videotape production presenting a message to other victims, a structured drawing sequence illustrating the victim's perceptions of his/her world, and a sequence of letters written by victims to the perpetrator and other participants in the abuse and

intervention. A very different letter-writing technique was used by Lindahl (1988) with a child unable to confront her abuse during treatment. The therapist asked the child to help a fictional child victim by writing letters to her. The child graphically described her own abuse in the letters and offered advice to the fictional victim.

Other types of creative writing and poetry therapy have been described by Mazza, Magaz, and Scaturro (1987). Naitove (1982) recommended these activities to be used with children or adolescents having strong auditory skills, but graphics and plastic arts activities to be used wtih those having stronger visual skills.

Drug abuse prevention and early intervention efforts in schools were suggested for sexual abuse victims due to the correlation between substance abuse and sexual victimization (Singer, Petchers, & Hussey, 1989). Sex education is also important for establishing a base of information and to allow discussion of sensitive topics.

Holtgraves (1986) recommended techniques for school counselors including the common techniques of mirroring the child's gestures, posture, and facial expressions;

reflecting the child's thoughts and feelings; and using open leads. Artwork, dance, song, and play activities as avenues for children to express feelings were also recommended for school counselors, but hasty interpretations should be avoided (Holtgraves).

School-affiliated Programs

The literature yielded very little evidence of school-based sexual abuse treatment programs or interventions currently and consistently used in any school system. In fact only one program, the Memphis City Schools Mental Health Center (MCSMHC), was described as school-affiliated (Paavola, Hannah, & Nichol, 1989). As Paavola et al. described the program, one component of the MCSMHC is a Child Abuse Program which is responsible for intervention and treatment in physical abuse, sexual abuse, and neglect. Sexual abuse intervention is the responsibility of the Sexual Abuse Treatment Unit provided by the Tennessee Department of Human Services and includes both individual and family therapy (Paavola et al.).

Funding and professional resources, cooperation of community agencies, and the vision of concerned professionals have enabled the MCSMHC to develop a much needed program and provide extensive services to

traumatized children and adolescents. Unfortunately, few school systems appear to be in a similar situation. In some respects, this type of program would correspond to out-patient treatment provided by community mental health which is still unavailable or not accessible to many school districts.

Summary

School professionals interact daily with sexually abused children and adolescents and are often the persons to whom abuse is disclosed. Educators need help in understanding their roles and responsibilities with sexually abused children (Norby et al. 1990). Many of their needs can be met through comprehensive in-service training on behavioral indicators, effects of abuse on child development, and regulations for reporting. Other needs are met through encouragement and support as they begin to respond to the underlying needs of child and adolescent victims.

Many of the treatment modalities and specific interventions mentioned lend themselves particularly well to applications by school counselors within the school setting. "The long-term results of the school counselor's intervention may be that the cycle of abuse can be broken and that these children can begin living

happy, productive lives" (Holtgraves, 1986, p. 159). The literature, however, leaves doubt as to the extent that school systems and counselors are involved in a structured and consistent intervention plan for sexually abused students within their districts. Applications of interventions within the school should be examined more closely. Opportunities for the development of school-based model programs abound.

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